

JENKS (ED. W.)

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of the Author.*

ON THE  
POSTURAL TREATMENT  
OF  
TYMPANITES INTESTINALIS  
FOLLOWING OVARIOTOMY.

BY

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THE frequency of ovariectomy, and the many successful operators in this and other countries, render the details of ordinary individual cases not only uninteresting to the readers of medical journals, but wholly unnecessary as a means of instruction. It is not the purpose of the writer of this brief paper to relate all the steps in the operation, or recount all that was done by his direction in the after-treatment of a recent case of ovariectomy of his own, but only to call attention to one mode of procedure in the after-treatment which, he firmly believes, saved the patient's life; whereas the case would have terminated fatally but for its adoption. It is not claimed that this peculiar treatment is wholly original with the writer, or that it is unknown to many in the profession, this is a matter of minor importance, but it is believed that a knowledge of the mode of treating tympanites, or intestinal obstruction succeeding ovariectomy, as described in this paper, is, to say the least, not widely diffused, even among those who are known as ovariectomists. The writer feels fully warranted in stating this, as the late Prof. Peaslee, whose familiarity with the literature of everything pertaining to gynecology none can question, a few days previous to his last illness requested him to publish an account of the case here related, as the treatment made use of was entirely new to him, and he thought it was sufficiently important to become widely known.

CASE.—The patient upon whom I operated was forty-six years of age, unmarried, much emaciated, and in a very feeble condition. The tumor removed was a multilocular cyst of the left ovary, with a long and very broad pedicle; the weight of the tumor was twenty-eight pounds; it had but few adhesions and was easily removed; there were about fifteen pounds of ascitic fluid free within

the peritoneal cavity. The patient did not bear the operation well, being even considered dead at one time by some of my assistants, but rallied under the influence of brandy and ether administered hypodermically. The pedicle of the tumor was secured by a Spencer-Wells clamp, of the largest size. On the ninth day after the operation, the patient had a severe attack of vomiting, causing the clamp to be torn loose, the lowest suture to be also torn out, and the lower angle of the abdominal wound to yawn, through which gap the serum from the abdominal cavity exuded freely for two days. Her stomach was very irritable, and fearing the effects of vomiting upon the pedicle and abdominal incision, she was for the six days following not allowed to swallow any food except an occasional teaspoonful of milk porridge, but was nourished entirely by the rectum; soon after food was taken into the stomach, the bowels became tympanitic, and were thus more or less affected at different times, until the close of the second week. The bowels in the mean time were moved at intervals by laxatives and rectal injections. For the tympanites, nux vomica with creosote was given to overcome the atony and prevent further decomposition in the intestinal canal. The sulphate of quinia, as recommended by Wells, and an infusion of the mentha viridis, as advised by Peaslee, were both used per rectum at different times for the tympanites, with markedly good results. The patient seemed to be rapidly convalescing, the temperature for days not going above  $99\frac{1}{2}^{\circ}$  Fahr., the pulse being under 100 per minute, the skin was moist and cool, her general aspect was all that could be desired, with no apparent cause existing for any doubt as to her ultimate recovery until the twenty-third day after the operation, when the tympanites again became troublesome, and she complained of her inability to pass any flatus by rectum, and of pain in the region of the pedicle of the extirpated tumor. I deemed this condition of things due to atony of the intestines, and accordingly ordered the administration of nux vomica by the mouth, and an infusion of mint with quinia by the rectum. At my visit on the evening of this day I found her unrelieved, the injection had come away with but little flatus, the pain was more severe, and the tympanitic distention much increased, while at the same time the peristaltic action of the intestine was fully restored, as could be plainly seen and felt through the attenuated abdominal walls. I ordered the hypodermic administration of morphine, and a repetition of the nux vomica and the enemata. The following morning, the patient was in no degree relieved, except from the intensity of pain; on the contrary, the symptoms were aggravated: her countenance had an anxious expression, the pulse was feeble, but the temperature showed little change, as it stood at  $99^{\circ}$  Fahr. The muscular contraction of the intestines, essaying at short intervals to expel their contents, could be plainly distinguished, as well as the site of the intestinal obstruction in the region of the pedicle. The action of the intestines produced severe pain. Occasionally, with the paroxysms of pain, there was vomiting. For the following twelve hours, all of the distressing and unfavorable symptoms were progressive in their character;



hiccup set in, the countenance became pinched and anxious, the vomiting was more frequent, and she grew rapidly feeble. There was, however, no slackening of efforts to overcome the intestinal obstruction by means of copious enemata through a long tube, yet the length was of no significance, as it could not be passed beyond the sigmoid flexure, that being the location of the obstruction. Massage was faithfully practised, but none of the means made use of thus far were of any avail, and the case now seemed hopeless. The opinion of counsel concurrent with my own was, that relief must be soon obtained or the patient would succumb.

We believed that the tympanites was due to a twisting of the intestine by gas, which the pedicle, with the exudation in the pelvis that occurs even in the most favorable cases of ovariectomy, had prevented from becoming untwisted. I thought of puncturing the inflated intestine through the abdominal wall, by means of a fine trocar, as I had done in previous cases, but I am compelled to say never with very satisfactory results. But before having recourse to the trocar, I concluded to try the effects of postural treatment, and, if necessary, inversion of the patient, with the view of causing by gravitation the pressure to be removed from the pelvis, where there was every reason to think the obstruction existed.

She seemed so near moribund from exhaustion that she was entirely indifferent as to what was being done for her. With the aid of my colleague, Prof. Andrews, and one of my assistants, I took the patient from her bed, and gradually inverted her; there was no effect manifest from partial inversion, but when we got her in the position of complete inversion, really standing her upon her head, there was, to our gratification and the manifest relief of the suffering woman, a rush from the anus of the pent up intestinal gas, coming out with a force more remarkable than anything of the kind I ever before witnessed. The patient, as she began to experience relief, instead of being passive in our hands, complained in no mild terms of the unkind and ungentlemanly treatment she was receiving. From this time there was no further trouble; if the gas seemed to be accumulating or was not readily expelled, raising her hips, gentle kneading, or turning her from side to side would cause it to be expelled. The patient encountered no more difficulties, and made an excellent recovery.

The simple accumulation of gas in the intestines, unattended by inflammation or septicemia, is without question, as stated by Peaslee,<sup>1</sup> a rare cause of death succeeding ovariectomy, yet Kœberle<sup>2</sup> thinks that many die from this cause alone, judging from accounts which he has received.

If there is no obstruction to the passage of gas through the intestinal canal, and tympanites is alone due to atony of its

<sup>1</sup> *Ovarian Tumors*. New York, 1872.

<sup>2</sup> *Operations d'ovariotomie*. Paris, 1865.

muscular structure, there is no cause for apprehension, as nuxvomica, massage, quinine, enemas, or faradization will usually procure relief.

The causes which give rise to the accumulation of intra-intestinal gas and the consequent tympanites have been admirably summarized by Kœberle<sup>1</sup> as follows:

1. A condition of atony of the intestines, particularly of the rectum, in connection with more or less pelvic peritonitis.
2. A spasmodic condition of the sphincter ani.
3. The presence of fecal matter obstructing the passage.
4. The twisting of a loop of intestine.
5. Mechanical obstacles exterior to the intestines.

In the case here related, it would seem as if there was a combination of the last two causes above-mentioned, producing obstruction. There was a twisting of a loop of intestine, and the pedicle of the tumor fastened externally served as a mechanical obstacle.

It is not alone in the tympanites or intestinal obstruction following the operation of ovariectomy that postural treatment carried to the extent above described may prove of service, but it would seem as if there are many pathological conditions where it can be useful both for diagnosis and treatment. Since this paper was begun, I have seen in consultation a case of intestinal disease, supposed to be due to obstruction in the region of the sigmoid flexure, for the reason that, with the patient lying in bed, a rectal tube by repeated efforts could not be passed beyond that point; but by putting her in the knee-chest position, the tube was easily passed to the transverse colon.

Every gynecologist and obstetrician is aware of the value of posture for diagnosis and treatment of a variety of conditions. The case here related, which is used as the text of this paper, serves to show that it can be used advantageously even more than heretofore, and illustrates how gravitation may prove a factor of disease, and how in turn the same may be made use of to cure disease.





